

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008208

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 3463 Primary Registration District No. 58 Registrar's No. 58

VS 300  
Rev. 4/59

10940

20470-

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1293-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in 1b <b>41Y; 2M; 15das.</b>	c. CITY OR TOWN <b>Caledonia</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Unknown.</b>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>FRANK</b> Last <b>McINTYRE</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>8,</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 23, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common labor and farm work.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bellevue, Missouri</b>	9. AGE (last birthday) <b>76</b> IF UNDER 1 YEAR: Months <b>2</b> Days <b>15</b> IF UNDER 24 HR: Hours <b></b> Min. <b></b>
13a. FATHER'S NAME <b>Albert L. McIntyre</b>		13b. MOTHER'S MAIDEN NAME <b>Missouri Anna Randolph</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) (If yes, give war or dates of service) <b>Unknown.</b>		17. INFORMANT Address <b>Records, State Hospital No. 4, Farmington, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>unknown.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instantaneous</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Dementia Praecox Psychosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan. 23, 1963</b> to <b>Feb. 8, 1963</b> and last saw him alive on <b>Feb. 8, 1963</b> Death occurred at <b>3:35 P. M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>John A. Brennan, M.D.</b>	
22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>		22c. DATE SIGNED <b>2-8-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 10, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Presbyterian Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Caledonia, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>White Funeral Home, Ironton, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 9, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

INTERDISCIPLINARY HEART DISEASE - UNKNOWN. - - - - -  
FORENSIC OCCASION - - - - -

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
JERRY S. JORDAN - - - - - ALCONOVA, MISSOURI  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed Lyle H. White

Licensed Embalmer No. 4295  
P.O. Address Greentown, Mo

Note: The above ~~MUST BE SIGNED BY THE LICENSED EMBALMER~~ <sup>1.030011</sup> ~~in his OWN HANDWRITING.~~ (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting  
If this body is not embalmed, fact should be so stated above.

White General Home, Weston, Missouri